

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State, File No.

40786

JAN 24 1942 - 399

Registration District No.

Primary Registration District No. 1002

Registrar's No.

4461

## 1. PLACE OF DEATH:

- (a) County Jackson  
(b) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Trinity Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether  
In this community 45 yrs. years, months or days)

3. (a) PRINT  
FULL NAMERobert Harry Jones

- (b) If veteran,
- 
- name war

none

- (c) Social Security
- 
- No.
- no

## 4. Sex

Male5. Color or  
raceWh

6. (a) Single, widowed, married,
- 
- divorced
- Widowed

## 6. (b) Name of husband or wife

Mattie James Jones

6. (c) Age of husband or wife if

alive years  
18 (Day) 1863 (Year)

## 7. Birth date of deceased

Feb (Month)18 (Day)1863 (Year)

## 8. AGE:

Years

78

Months

9

Days

12

If less than one day

hr. min.

## 9. Birthplace

(City, town, or county)

(State or foreign country)

Mo

## 10. Usual occupation

Retired Fruit Broker

## 11. Industry or business

Robert Holmes Jones

## 12. Name

Robert Holmes Jones

## 13. Birthplace

(City, town, or county)

(State or foreign country)

Ky.

## 14. Maiden name

Mary Jane Hardlow

## 15. Birthplace

(City, town, or county)

(State or foreign country)

N.Y.

## 16. (a) Informant

Miss Mary D. Lous

## (b) Address

332 Benton Blvd

## 17. (a)

Burial

(b) Date thereof

Dec 2 - 1941

(Burial, cremation, or removal)

(Month) (Day) (Year)

## (c) Place: burial or cremation

Int Washington

## 18. (a) Signature of funeral director

Mrs C. L. Foster

## (b) Address

918 Brooklyn Ave

## 19. (a)

Dec 2 - 1941

(b)

M. M. Crowe

(Date received local registrar)

(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County 048  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 332 Benton Blvd  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 30  
year 41 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from
- 11-28

that I last saw him alive on 11-30-41  
and that death occurred on the date and hour stated above.

## Immediate cause of death

Coronary Occlusion

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

Arter. Scler. / Heart Disease

## Major findings:

Of operations

## Of autopsy

## Duration

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

## 22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur?  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

## While at work?

(Specify type of place)

(e) Means of injury

## 23. Signature

Robert M. Hyman (M. D. or other)

## Address

1025 QuallaDate signed 12-41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 30 1944

ALLS B.M.

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed David C. Browning

Licensed Embalmer No. 2724

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.